Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/18/08</u>	Address:	4073 E CR 1200 S/
Case #:	<u>16-18169</u>		Amboy, IN 46911
County:	Miami		
			•
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
= '	onal Lab	Residence	Hotel/Motel
=	al/Glassware/Equipment (only)	☐ Outbuilding ☐ Vehicle	Open – No Structure Other;
	ite (only)	□ venicie	
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open No Structure			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
	er age 18 discovered (check one)		<u>e Information</u> Dloophadring Treebing Loo
∐ Yes ∪ □ No	(number present)		e/Pseudoephedrine Tracking Logi erchant Tip
_	eport to Child Protective Services	Other:	•
This repor	t is to be faxed to the following age	encies that serve the l	ocation:
Fire Depart	tment:	Fax:	
Health Department: Miami		Fax: <u>765-472-3901</u> . Fax:	
Child Prote	ection Service: <u>N/A</u>	rax:	-
			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.